

Healthy mental development in the first five years



## **1<sup>st</sup> Five Report**

**Senate File 2336  
January 3, 2013**

In 2012 legislative session, Senate File 2336 was passed and required the Iowa Department of Public Health to work with the Iowa Department of Human Services- Iowa Medicaid Enterprise on a payment structure for the identification of additional funds for 1<sup>st</sup> Five infrastructure activities. The following is the language from SF2336:

*Of the funds appropriated in this subsection...\$329,885 shall be used to continue to address the healthy mental development of children from birth through five years of age through local evidence-based strategies that engage both the public and private sectors in promoting healthy development, prevention, and treatment for children. The department shall work with the department of human services, Iowa Medicaid enterprise, to develop a plan to secure matching medical assistance program funding to provide services under this paragraph, which may include a per member per month payment to reimburse the care coordination and community outreach services component that links young children and their families with identified service needs.*

### **Summary of meetings and partners involved**

The Iowa Department of Public Health convened the Iowa Medicaid Enterprise and the Child and Family Policy Center staff to identify potential reimbursement opportunities for Iowa's 1<sup>st</sup> Five Healthy Mental Development Initiative, as outlined in SF 2336. The team met four times between September and December 2012 to develop a plan. To comply with the legislation, the team examined options for federal Medicaid matching medical assistance for EPSDT medical provider consultation and related community-based partner trainings. The planning partners also reviewed the feasibility of a per member per month payment option for care coordination. However, they concluded that payment for care coordination is already addressed through a Medicaid Administrative Agreement between IDPH and DHS that reimburses for care coordination.

The following plan is a proposed amendment to the EPSDT Agreement between DHS and IDPH and outlines activities that would be included as federal match. These activities will include medical provider consultation and provider and community-based partner training. The activities build on improving and increasing the ability for medical provider offices to integrate recommended early identification guidelines and referral processes that leads to follow-up care coordination by 1<sup>st</sup> Five sites.

The contractor's duties shall include, but not limited to the following for **1<sup>st</sup> Five Healthy Mental Development Initiative:**

IDPH will contract with local 1<sup>st</sup> Five sites to:

- 1) Implement the 1<sup>st</sup> Five Healthy Mental Development Initiative that promotes the healthy mental development of Iowa's young children in partnership with primary care practitioners to integrate recommended early identification guidelines and referral processes that leads to follow-up care coordination by 1<sup>st</sup> Five sites.

### **EPSDT Medical Provider Consultation:**

- 2) Work with other agencies and/or providers to improve collaboration around the early identification of medical and mental health problems.
- 3) Develop strategies to assess or increase the capacity of medical and mental health programs by conducting trainings and/or convene individual practice

consultations with Iowa EPSDT service providers to implement the developmental identification guidelines and referral process promoted by the current edition of Bright Futures.

- a. Provide training to current and potential 1<sup>st</sup> Five medical practice partners through presentations, meetings, or individual practice consultations;
- b. Provide training to other appropriate allied health providers, e.g., office nurses, office managers, social workers, or mental health providers.

**EPSDT Provider and Community-based Partner Trainings:**

- 4) Work with other agencies or providers that provide medical and mental health services to improve the coordination and delivery of services; to expand access to specific populations of Medicaid eligibles; and to increase provider participation and improve provider relations.
- 5) Convene community-based trainings on health-related topics that impact young children's development for EPSDT service providers and their community partners.

1<sup>st</sup> Five state coordinator(s) will:

- 1) Provide technical assistance to 1<sup>st</sup> Five demonstration sites on education/training plans to spread recommended developmental identification practices to current and potential 1<sup>st</sup> Five primary health care provider partners;
- 2) Provide oversight for the development and standardization of primary care practitioner training and education materials to support the 1<sup>st</sup> Five partnership model.
- 3) Provide consultation and technical assistance to 1<sup>st</sup> Five contract agencies to ensure recommended guidelines, referral process, and care coordination are implemented for Medicaid-enrolled children through infrastructure-building, enabling, population-based, and direct care services.
- 4) Oversee evaluation and referral data on program effectiveness;
- 5) Participate in planning and provide consultation and technical assistance related to implementing the Health Home and Accountable Care Organization (ACO) initiatives. Focus will be on how 1<sup>st</sup> Five contract agencies may work with primary care providers as these initiatives expand.
- 6) Coordinate with other EPSDT provider training initiatives to promote coordination and prevent duplication.
- 7) Provide oversight of contract agencies' claims based upon time allocations.
- 8) Provide an annual report by the last business day of the calendar year that identifies the activities provided in the state fiscal year. The report will be combined with the EPSDT (Child Health), Maternal Health, and Oral Health report.

The evaluation plan will include:

- 1) Collect and evaluate survey results from each 1<sup>st</sup> Five medical practice to measure practice impact and future sustainability plans.
- 2) Produce an executive evaluation summary based on survey results, referral data, and any additional relevant evaluation activity.

<b>1st Five Healthy Mental Development Initiative</b>			
	<b>Federal</b>	<b>IDPH</b>	
Personnel: .5 FTE	\$42,750	\$42,750	\$85,500
Travel and Other	\$4,500	\$4,500	\$9,000
Evaluation contract (40% of contract, based on current Medicaid enrollment of 40% of children in Iowa)	\$3,000	\$3,000	\$6,000
Contracts: Local 1st Five agencies	\$117,400	\$117,400	\$234,800
Indirect at 22.2% of Salaries and Fringe	\$9,490	\$9,490	\$18,980
<b>Total</b>	<b>\$ 177,140</b>	<b>\$ 177,140</b>	<b>\$354,280</b>

The DHS agrees to:

- 1) Claim a federal match for the funds expended according to the budget and remit this match to IDPH.
- 2) Inform IDPH of changes in relevant program policies and program needs.
- 3) Allow up to a maximum of 10 percent variance of the contractual amount not to exceed the contractual total. Budget line changes that exceed the maximum 10 percent require written authorization by the Department. Anticipated expenditures against a budget line not approved require a written request for contract amendment.